

CLAIMS ONLY

Application Number

09/609250

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend
1	/		/									
2		/		/								
3												
4												
5				2								
6				2								
7				2								
8				2								
9			/									
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11				/								
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23				2								
24				2								
25				2								
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44												
45												
46												
47												
48												
49												
50												
Total Indep			4									
Total Depend			28									
Total Claims												

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>FILE NO.</small> 09/09250	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2				1		1	52						
3		2					53						
4		2					54						
5		2		2		2	55						
6		2		2		2	56						
7		2		2		2	57						
8		2		2		2	58						
9	1		1		1		59						
10		2		2		2	60						
11		2		2		2	61						
12				1		1	62						
13				1		1	63						
14				1		1	64						
15				1		1	65						
16				1		1	66						
17				1		1	67						
18			1		1		68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						